



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

COVID-19 Vaccine Discussion Guide for Health Care Providers

Our public opinion research in North Carolina and research conducted across the United States consistently shows that medical professionals are the most trusted source for information and answers related to COVID-19 vaccines. Clear, concise and compelling information from medical professionals has made a real difference in providing people with the confidence to get vaccinated. But as our COVID-19 vaccine rollout continues, there will continue to be groups of people who feel they need more information to make an informed decision and are taking a wait and see approach before making what they feel is an important decision. *That's where you come in.* Your recommendation, as a trusted source of information, will help patients with questions make a quicker and more informed decision about getting a COVID-19 vaccine.

Right now, keeping our communities safe from COVID-19 is one of the primary goals of health care providers. We must commit to advancing equity and protecting and promoting the health of all patients. This document outlines ways to support your patients in making informed decisions about the COVID-19 vaccines. The intention is to help you answer patients' questions, provide them with accurate information, and honor and respond to their needs.



General Tips for Leading a COVID-19 Vaccine Conversation:

1. **Emphasize connection over content.** Building trust is as (or more) important than building immunity and will help us make it safely through the pandemic.
2. **Share the floor.** These conversations should be driven by your patients. Invite your patients and their families to ask their questions, instead of dominating the discussion with your knowledge.
3. **Validate questions.** Let patients know that they are not alone in holding a particular belief or fear, even if that question or fear is not one that you share.
4. **Be honest about vaccine side effects.** If you do not know the answer to a question, do not make up an answer. Be honest and open about the information you do have—and let people know there are trusted sources for more information, including [YourSpotYourShot.nc.gov](https://www.nc.gov/your-spot-your-shot).
5. **Be willing to accept “no.”** You can demonstrate you care for those who choose to not vaccinate by focusing on other ways they can stay safe, such as practicing the 3 Ws.
6. **Honor concerns about discrimination and distrust.** For communities of color, distrust in the health care system is a response to historic injustices and modern-day experiences of racism. Recognize that many people have good reason to be worried.
7. **Be ready to help navigate.** If you are unable to offer vaccines in your clinic, remember that the logistics of finding, making, and getting to an appointment can often be the biggest barriers to getting one. Help connect your patients as directly as possible to a vaccine opportunity.



Step 1. Starting the conversation

Every patient visit or encounter is an opportunity to start or continue the discussion about COVID-19 vaccines. All providers, including primary care providers, dentists, physical therapists, urgent care providers, specialists, and healers, are trusted messengers.

The decision to be vaccinated is personal. Your goal is for each patient to have the information they need to make an informed decision. Patients desire health care interactions where their experiences are heard and validated, making it important to lead conversations with listening.

Try using open-ended questions to understand what each person thinks and feels about COVID-19 vaccination (see below for examples). Offer your strong recommendation and be clear that they have a choice:

- I highly recommend that everyone get the COVID-19 vaccine. I've been vaccinated. Have you been vaccinated yet?
- How are you feeling about the COVID-19 vaccines?
- Is there anything you want to know?
- What kinds of things are you hearing about the vaccines?
- Can you tell me what is worrying you?
- How can I support you in making your decision?



Step 2. Be ready to explain how COVID-19 vaccines work.

A person's baseline knowledge impacts what they need to know to make an informed decision. You can provide straightforward explanations that honor each person's level of knowledge and addresses what they want to know. Be prepared to answer some basic questions about how the vaccines work such as:

- What is a virus?
- What is the vaccine doing once it is in my body?
- What is mRNA?
- What is a viral vector?
- Can I catch COVID-19 from the vaccine?
- Is it possible to still get COVID-19 after being vaccinated?
- If the virus changes or mutates, will the vaccines still work?

Try to use plain language and avoid medical jargon. When possible, use familiar examples and comparisons. Reframe your explanations if patients seem lost or confused and invite follow-up questions. Information to answer these questions is at the end of this discussion guide.



Step 3. Prepare to answer common questions

Suggested answers for building confidence

Below are some options you could use to continue the conversation when patients have questions or express that they may not want to get vaccinated. In every case, invite them to reach out to you any time they have more questions, or if you offer vaccination, when they decide they want to get vaccinated.

Q. I am not going to get the vaccine.

A: Why have you made that decision? What would it take for you to feel comfortable getting vaccinated? Do you have any questions about the vaccines? Would you like to talk about what you can do to protect yourself right now and where getting vaccinated fits into that? I will probably ask you about vaccination again next time I see you in case you have new questions or are ready to think about it again.

Q. I am going to wait a while.

A: That can be a reasonable choice. I am worried though about the risk that you could get sick with COVID-19 in the meantime. What is making you want to wait? Is there anything that would help you feel more confident about getting vaccinated? When do you think you will be ready to think about it again?

Q. I already had COVID-19.

A: I recommend you go ahead with vaccination even though you had COVID-19. There is a good chance you will have some protection against getting COVID-19 for a few months after being sick. However, we do not know how long that protection lasts, and people can get COVID-19 more than once. Getting vaccinated is recommended even if you had COVID-19 to help prevent you from getting it again. Also, the vaccines may help boost any natural protection you have.

Q. My family does not want me to get vaccinated.

A: What are your own thoughts? Are there questions I can answer for you? If you decide you want to get vaccinated, what might help your family feel more confident?



Suggested answers for questions about vaccine safety and development

Identify: Are there specific concerns? What have they heard? Are they afraid of the vaccines?

Q: Are the vaccines safe?

A: Three vaccines are available: The Pfizer-BioNTech and Moderna vaccines are two doses, and the Johnson & Johnson (Janssen) is one dose. All of them provide significant protection against COVID-19 and protect against virus-related hospitalization and death. There were no serious safety concerns in any of the clinical trials. The U.S. Food and Drug Administration (FDA) makes sure all food and drugs, including vaccines, are safe. The FDA authorizes vaccines only if they are safe and effective. Because vaccines are given to millions of healthy people to prevent serious diseases, they're held to very high safety standards and their safety is constantly monitored.

Deeper Dive: In mid-April, a pause in administering the Johnson & Johnson vaccine was made out of abundance of caution after there were initially six reported cases of a rare type of blood clot in individuals after vaccination. Through their review, the FDA and CDC determined that blood clotting with low platelets (called thrombosis with thrombocytopenia syndrome – TTS) from the Johnson & Johnson vaccine is extremely rare and that the benefits of the vaccine in preventing serious illness, hospitalization and death far outweighed the risk—resulting in the recommendation to resume the use of the Johnson & Johnson vaccine.

Q. Who makes sure the vaccines are safe and can prevent COVID-19?

A: The U.S. Food and Drug Administration (FDA) makes sure all food and drugs are safe. The COVID-19 vaccines must pass clinical trials like other drugs and vaccines. The FDA checks the work and authorizes vaccines only if they are safe and effective. Because vaccines are given to millions of healthy people to prevent serious diseases, they're held to very high safety standards.

Q. How could the vaccines be developed so quickly?

A: Development of the vaccines involved an unprecedented amount of resources to make the vaccine available as quickly as possible. Scientists built on many years of research from other vaccines, including research on vaccines for other coronaviruses.

Deeper Dive: The FDA can get vaccines to people faster through an Emergency Use Authorization (EUA). After the FDA has authorized a vaccine, the Centers for Disease Control and Prevention's (CDC) independent advisory committee reviews the data before advising the CDC on recommending a vaccine for use among the

general public. Like all vaccines, the FDA keeps checking safety through the [Vaccine Adverse Events Reporting System \(VAERS\)](#). Health care providers are required to report serious side effects, or if someone gets seriously ill with COVID-19. There is also a smartphone app called [V-SAFE](#) that uses text messaging and web surveys to do health check-ins after people receive a COVID-19 vaccination. People can report any problems they may have with a vaccine through V-SAFE.

Q. Did they skip any steps?

A: They did not skip any steps. The studies followed the same steps as studies for any other vaccine. The reason the vaccines were given Emergency Use Authorization (EUA) instead of FDA approval has to do with the ability to get the vaccines to the public quickly. Like all vaccines, the COVID-19 vaccines were first studied in smaller studies to establish that there were no immediate safety concerns, and that they were likely to protect against COVID-19. Then, large studies were organized with tens of thousands of people to confirm the vaccines worked and to look further for safety concerns. The studies had to meet criteria showing that the vaccines worked. There also had to be at least two months of follow-up safety data before the FDA would consider authorization. Even after a vaccine is authorized, safety monitoring continues. It is expected that the manufacturers will apply for full FDA licensure as soon as they can.



Suggested answers to support informed decision making

Identify: Are they curious about the science? Are they concerned the vaccine will change something in their body? What have they heard? Is there a vaccine they want?

Q: How do the vaccines work?

A: You cannot get COVID-19 from the vaccines. All of the currently authorized vaccines give your body temporary instructions to make a protein. The two-dose vaccines use mRNA technology, while the one-dose vaccine uses DNA technology to provide these instructions. This protein safely teaches your body to make germ-fighting antibodies against the COVID-19 virus. These germ-fighting antibodies are then ready to fight off the real COVID-19 if it ever tries to attack you. Your body naturally breaks down everything in the vaccine. There is no COVID-19 virus in the vaccine, and none of the vaccines can change your DNA.

Q: Will I be able to choose which vaccine I take? If so, which vaccine is the best vaccine?

A: The best vaccine is the first one available to you—all are tested, safe and effective. Three vaccines are currently authorized in the United States. All three available vaccines are extremely effective in preventing hospitalization and death caused by COVID-19 with no serious safety concerns. The Pfizer vaccine is currently approved for people age 16 and older (and may soon be authorized for people age 12 and older), while the Moderna and Johnson & Johnson vaccines are approved for adults 18 and older.

Deeper Dive: The Pfizer, Moderna, and Johnson & Johnson vaccines were built on decades of previous work on similar vaccines. The vaccines were tested at different times and different places; J&J clinical trials were conducted later and in other countries, including Brazil and South Africa with high rates of COVID-19 variants. All the vaccines have proven effective in preventing the spread of COVID-19, reducing serious illness, and preventing hospitalization and death from COVID-19.

Q. If the virus changes or mutates, will the vaccines still work?

A: It is normal for a virus to mutate (change) over time and for new variants to occur. Several variants of the virus that causes COVID-19 have been identified. Some of these variants seem to spread more easily and quickly than others and may cause more severe disease. This may lead to more COVID-19 cases, hospitalizations and deaths. The presence of these variants makes it even more important to get vaccinated. As of mid-April, the vaccines are still expected to protect against the variants of concern that have been

identified, though their protection may not be as strong against some variants. Scientists are working to learn more about these variants and how they affect vaccines.

Q: Do people who have had COVID-19 still need to be vaccinated?

A: Yes. The vaccine works to protect you against a future infection. You don't need a COVID-19 test before vaccination. It is safe to get vaccinated with any of the authorized vaccines if you have been infected in the past.

Deeper Dive: If you were treated for COVID-19 symptoms with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

Q: For how long will the vaccine protect me against COVID-19?

A: Since the clinical trials ended recently, we know that the vaccines can protect people from COVID-19 illness for at least two to six months. We'll know even more about how long the immunity from the vaccines lasts as people have been vaccinated for a longer period of time. With additional data, we will know if COVID-19 vaccines will need to be given yearly, like the flu shot.

Q: Are children able to get the vaccine?

A: The Pfizer vaccine can be given to teenagers aged 16 and up. Children below the age of 16 are not yet eligible to receive the vaccines. However, many clinical trials are currently ongoing or under review by the FDA to ensure the vaccines are safe and work to prevent COVID-19 illness in children.

Deeper Dive: The Pfizer vaccine can be given to teenagers aged 16+. Their clinical trial for adolescents age 12-15 showed high levels of success in preventing COVID-19, and it is expected to be approved by the FDA soon. Clinical trials are underway to test if the vaccines are safe and work to prevent the illness in children as young as age 5. Moderna's vaccine is currently approved for people 18+. Clinical trials are underway to test if the vaccines are safe and work to prevent COVID-19 illness in younger adolescents and children.



Suggested answers about vaccine side effects

Identify: What side effects are they concerned about? Is there a specific vaccine or side effect that they are worried about? Do they think the vaccine will cause something worse than COVID-19?

Q: Are there side effects from the vaccine?

A: No serious side effects were reported in clinical trials. Temporary reactions after receiving the vaccine may include a sore arm, headache, feeling tired and achy for a day or two, or in some cases, fever. In most cases, these temporary reactions are normal and good signs that your body is building protection! You can take medicines like Tylenol or ibuprofen after receiving your shot to help with these temporary reactions.

Q: Has anyone had severe or dangerous side effects or reactions to the vaccines?





A: A small number of people have experienced anaphylaxis, a serious allergic reaction that requires emergency treatment. So far, reports of anaphylaxis are uncommon. For every one million people who receive the Pfizer or Moderna vaccines, fewer than five people experience a severe allergic reaction. In the clinical trials for the Johnson & Johnson vaccine, severe allergic reactions were very uncommon as well. Patients will be observed after vaccination in case they develop a side effect that requires medical attention.




In April 2021, after a brief pause and careful investigation, the CDC and FDA recommend resuming the use of the Johnson & Johnson vaccine to prevent serious illness, hospitalization and death from COVID-19. Following this guidance, NCDHHS has recommended that North Carolina vaccine providers resume the use of Johnson

& Johnson vaccines now that their safety has been reaffirmed. The pause and investigation show that our safety system is working—and that people can be confident in the safety and effectiveness of the approved vaccines.

The pause was made out of abundance of caution after there were initially six reported cases of a rare type of blood clot in individuals after receiving the Johnson & Johnson COVID-19 vaccine. This potential reaction is very rare as millions of people have received the Johnson & Johnson vaccine. During the pause, 9 additional cases were identified, resulting in 15 total cases, including the original six reported cases among more than 8 million doses given. Nearly all reports of this serious condition have been in adult women younger than 50 years old. None were in North Carolina. It was determined that blood clotting with low platelets (called thrombosis with thrombocytopenia syndrome – TTS) from the Johnson & Johnson vaccine is extremely rare and that the benefits of the vaccine in preventing serious illness, hospitalization and death far outweighed the risk. People, especially women younger than 50 years old, should be aware of the rare but increased risk of the adverse event and that there are other COVID-19 vaccine options available for which this risk has not been seen.

What should you do when myths/misinformation is raised during a presentation?

-  **Don't repeat the myth.** Repeating the myth can backfire and result in its amplification.
-  **Do ask questions.** Why might that not be true? Why might someone want you to believe that?
-  **Lead with the facts.** Focus more on the relevant, truthful information rather than the myth.
-  **Keep it Simple.** Repeat validated information in a way that is easy to understand.



Responding to misinformation.

Identify: Are there specific concerns? What have they heard, and from whom? Is religion a factor?

With misinformation about vaccines circulating widely in some communities, we know that it can be frustrating and challenging to address misinformation. However, the goal of these conversations is to invite people to engage with us. Ask patients to share anything concerning that they have heard about the vaccine. Address inaccurate information without dismissing their concerns. We encourage anyone counseling patients on COVID-19 vaccines to use these tips, practice patience when answering questions, and to refrain from dominating the conversation with facts.

Q: Does the vaccine affect fertility?

A: No. The [American College of Obstetricians and Gynecologists \(ACOG\)](#) recommends vaccination for all eligible people, including those who may want to get pregnant. There have been no safety data to suggest that the vaccines impact the ability of a woman to get pregnant. Similarly, the [Society for Male Reproduction and Urology](#) recommends that men who desire fertility should be encouraged to get vaccinated when they

are eligible. The [American Society for Reproductive Medicine](#) has also stated that there is no evidence of fertility loss due to COVID-19 vaccines.

Deeper Dive: Patients scheduled for reproductive services, such as oocyte retrieval, embryo transfer, and intrauterine insemination, should avoid getting the vaccine for 3 days prior to and after the procedure. This recommendation is not because vaccination is unsafe, but to make sure that doctors can confidently monitor pre-procedural and post-procedural symptoms.

Q: Are there fetal cells or fetal tissues in the vaccine?

A: None of the vaccines contain fetal cells or fetal tissues. Fetal cells were used in research to develop all three vaccines. Vaccines commonly use fetal cells in development. The Pfizer and Moderna vaccines do not require the use of any fetal cells to produce the vaccines. In order to produce the vaccine, the Johnson and Johnson vaccine uses fetal cells that were isolated over 30 years ago.

Q: Can anything in the vaccine be tracked?

A: No, nothing in the vaccine can be tracked and the vaccine is naturally broken down by your body after it finishes making you stronger.



Suggested answers for helping patients navigate to a vaccine

Identify: Are they having difficulty finding a vaccine provider? What resources do they need?

Q: Where will I be able to get vaccinated?

A: If vaccine is not available in your clinic, you can direct patients to [Find My Spot](#), an easy-to-use online tool to help individuals find their spot to get a vaccination in NC, including vaccine provider locations and contact information. The federal government has also created a national [Vaccine Finder](#) tool.

Q: How do I get a second dose?

A: North Carolina uses a secure data system called the COVID-19 Vaccine Management System (CVMS) to make sure you get your second shot at the right time. When you get your first shot, you will be asked to make an appointment for your second dose. You will also be given a card with information about which vaccine you got for your first dose and the date of that shot. Keep the card in a safe spot and take a picture of it just in case it gets misplaced. You may also receive an email notification with a reminder for the second shot. You are encouraged to get your second shot from the same vaccine provider.

Q: What kind of identification will be required to get vaccinated?

Identify: Are they afraid of being turned away? Are there concerns over payment? Are they worried about repercussions in regards to immigration?

A: North Carolina does not require a government-issued identification card, like a driver's license, to be vaccinated. Vaccine providers may ask you to pre-register, to fill out a form on-site with your name, address and date of birth, or ask for a bill or other document with your name and address on it. For people with health insurance, vaccine providers may ask for photo-identification or health insurance card in order to bill correctly, but lack of government issued ID or lack of health insurance will not prevent you from receiving a vaccine.

Deeper Dive: Vaccines are available to anyone who lives in North Carolina, regardless of their immigration status. None of the information collected by vaccine providers is sent to ICE. To follow state law, North Carolina submits year of birth (not date of birth), the first 3 digits of the vaccine's recipient's zip code (as long as that zip code includes more than 20,000 people), as well as the date of submission of the vaccination record to the CDC, but no information that can identify an individual.



Suggested answers to appeal to positive emotions

Identify: Are they excited to return to normalcy? Do they want to travel or visit family? What are they looking forward to most?

Q. Why should I get vaccinated?

A: The COVID-19 vaccines are very good at protecting people from severe COVID-19 illness, hospitalization and death. Getting vaccinated is much safer than getting sick with COVID-19. It protects you, your family and others. The more people who are vaccinated, the more likely we can get back to the people and places we love.

Q: What can I start doing differently after I have been fully vaccinated?

A: You can gather indoors with fully vaccinated people without wearing a mask. You can gather indoors with unvaccinated people from one other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with is at increased risk for severe COVID-19 illness. You can travel within the US. You do not need to quarantine or get tested if you are exposed to someone with COVID-19 as long as you do not have any symptoms and do not live in a group setting. If you develop symptoms of COVID-19, you should get tested and isolate from other people.



Step 4. Make getting vaccinated easy

Here is information to help you support patients in getting vaccinated and answer their questions about the process:

- 1. Alleviate concerns:** Inform patients that COVID-19 vaccination is provided at no cost and is available regardless of immigration status and health insurance.
- 2. Become a vaccine provider.** If your practice is not already set up to administer COVID-19 vaccines, register to become a vaccine provider through the [COVID-19 Vaccine Management System](#) (CVMS).
- 3. Make it simple to get an appointment:**
 - If you offer a COVID-19 vaccine, have staff available to answer phones or have a clear message on voicemail. Be proactive in reaching out to patients so they know what to do.
 - If you do not offer vaccination, you and your staff can help your patients get an appointment by going to [MySpot.nc.gov](https://myspot.nc.gov) to find a nearby vaccine provider.
 - Provide patients with the information they need to schedule their own appointment:
 - Help patients navigate to the [Myspot.nc.gov](https://myspot.nc.gov) website to locate a vaccine provider near them.
 - Share information about the NC COVID-19 hotline (1-888-675-4567) to answer questions and provide assistance.
 - Let patients know that they can call their [local transit agency](#) to get a free ride to their vaccine appointment
 - For homebound patients, connect them to the [homebound vaccine provider](#) in their county.
 - Use our [communication toolkit](#) to provide information that is appropriate to your patient population, such as telephone, text, mail, email or social media. Remember, not everyone has access to or is comfortable using technology.